MEDICATION LIST

Patient Name: _____ Date of Birth: _____

☐ I have questions or concerns regarding medication(s) that will be used during my hospital stay.

Pharmacy Name: _____ Address: _____ City: _____

MEDICATIONS CURRENTLY TAKING AT HOME:

Medication	Dose	Route	Instructions

Patient Sticker

MEDICAL INFORMATION

Patient Name: _____ **Date of Birth:** _____

Type of Surgery: _____ **Surgeon:** _____

Height: _____ **Weight:** _____

Best number to reach you at: _____ **Email:** _____

Allergies: ☐ None

List all allergies and reactions: _____

_____

_____

List all past surgeries & dates: ☐ None

_____

_____

_____

_____

_____

_____

_____

Primary Care Physician: _____ Date last Seen: _____

Specialists: _____

_____

_____

Patient Sticker

HOME EVALUATION

Patient Name: _____ **Date of Birth:** _____

Type of Surgery: _____

Living Situation/ Home Set up (CIRCLE all that apply)

1. My hometown is: _____
2. I live with: Alone Family Friend/Roommate Spouse/Significant other Caretaker
3. My Home is a(n): One Level Split Level 2-Story Apartment
   Nursing Home Assisted living Correctional facility Other
4. How many stairs are there to enter your home: _____
5. Are there handrails at the entrance: On left going up On right going up
   Both sides None
6. How many stairs are there inside your home: _____
7. Is there a bedroom on the main floor: Yes No
8. Is there a bathroom on the main floor: Yes No
9. Equipment I Currently Have: Cane Knee walker Wheelchair Portable commode
   Shower chair 4-Wheeled walker Walker Oxygen Crutches
   Dressing equipment Hospital bed Toilet seat riser
10. My bathroom currently has: Tub/shower Walk-in shower Tub only Walk-in tub
    Shower curtain Shower door Grab bars
11. The toilet is: Standard height High rise toilet Other
12. Prior level of function
    a. Do you need help getting dressed or bathing? Yes No
    b. Do you need help with walking or with stairs? Yes No
    c. Do you complete your own cooking, cleaning, laundry, & shopping? Yes No
    d. Do you drive? Yes No

Patient Sticker